

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202		
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S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of one State hospital complaint.</p> <p>Facility Number: 005051</p> <p>Date: 10/16/14</p> <p>Complaint Number: IN 00152697: Unsubstantiated; lack of sufficient evidence. Deficiencies cited unrelated to the allegations.</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: cloughlin 11/05/14</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and staff interview, the nurse executive failed to ensure that nursing staff implemented facility policy related to the documentation of patients' nutrition intake, failed to follow physician orders related to I & O (intake and output) totals, and failed to ensure that orders for patient diets were received prior to offering food and fluids for 5 of 5 patients (pts. #1 through #5).</p> <p>Findings:</p> <p>1. Review of the policy and procedure "Documentation Standards: Inpatient", policy number NADM 1.30AP, with an approval and effective date of October 2012, indicated:</p> <p>a. Under "B. Admission Standards", it reads on page 10., "...15. Feedings/Nutritional Intake a. Document percentage of meal or snack eaten...".</p> <p>b. Under "B. Admission Standards", it reads on page 12., "...19. Intake and Output a. Measure</p>	S 912			

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S 912	<p>Continued From page 2</p> <p>and record all sources of intake and output on all patients with an order for intake and output, or as appropriate...".</p> <p>c. In the "Appendix A", it reads: "Daily Assessment and Care Standards timeline...16. Feedings Nutritional Intake: as it occurs...".</p> <p>2. Review of patient medical records indicated:</p> <p>a. Pt. #1 had:</p> <p>A. An order on admission, 7/14/14, for I & O every 8 hours, with the medical record only totaling I & O every 12 hours for shift totals and then a 24 hour total.</p> <p>B. An order to be NPO (nothing by mouth) at 9:26 AM on 7/15/14 and then a regular diet ordered at 12:49 PM on 7/15/14, but lacked any documentation of % eaten for any meal on 7/15/14.</p> <p>C. An order to be NPO at midnight on 7/17/14 and then an order for a Regular diet at 2:55 PM on 7/17/14 with no documentation of % eaten for a meal prior to discharge that day at 6:46 PM.</p> <p>b. Pt. #2 had:</p> <p>A. An order on admission, 7/13/14 for I & O every 4 hours, with the medical record only totaling I & O every 12 hours for shift totals and then a 24 hour total.</p> <p>B. A regular diet ordered at 6:21 AM on 7/13/14 with no % eaten documented for any of 3 meals on 7/13/14. Only lunch was documented (100%) on 7/14/14, and only an 8 PM snack (100%) was charted for 7/15/14.</p> <p>c. Pt. #3 was admitted on 7/13/14 and had:</p> <p>A. I & O ordered, on admission, to be every 4 hours, with the medical record only totaling I & O every 12 hours for shift totals and then a 24 hour total.</p> <p>B. A regular diet ordered at 12:28 AM on</p>	S 912		

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S 912	<p>Continued From page 3</p> <p>7/14/14 with the only % of meal/snack eaten documented at 8:16 PM on 7/15/14, until discharge at 4:04 PM on 7/18/14.</p> <p>d. Pt. #4 had:</p> <p>A. An order on admission, 7/13/14, for I & O every 4 hours, with the medical record only totaling I & O every 12 hours for shift totals and then a 24 hour total.</p> <p>B. No diet ordered for the patient until 9:30 AM on 7/16/14 when a 4 carb 2 GM Sodium diet was ordered. (The history and physical indicated a clear liquid diet would be ordered, to advance as tolerated, but no order was found for this.)</p> <p>C. Notes by nursing staff, prior to the order for diet on 7/16/14, that the patient had taken broth and hot tea, but lacked notation of % eaten at meals. (Discharge was at 5:52 PM on 7/16/14.)</p> <p>e. Pt. #5 had:</p> <p>A. An order on admission at 1:51 PM on 7/13/14, for I & O every 8 hours, with the medical record only totaling I & O every 12 hours for shift totals and then a 24 hour total.</p> <p>B. No nutrition/dietary order on admission, with the first fluid intake noted at 9 PM and 11 PM on 7/14/14. (The patient had not been NPO.)</p> <p>C. The patient was discharged at 1:02 PM on 7/16/14, with no documentation of % eaten for any of the meals served while hospitalized.</p> <p>3. At 11:55 AM and 1:20 PM on 10/16/14, interview with staff members #52, a specialist in regulatory compliance, and #54, a clinical informatics support staff member, indicated:</p> <p>a. The electronic medical record (EMR) is set up to total each 12 hour nursing shift at 6 AM and 6 PM, but is not able to capture 4 hour and 8 hour totals, as requested per physician order, for patients #1 through #5.</p>	S 912			

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S 912	Continued From page 4 b. Physician orders for I & O, other than every 12 hours, cannot be followed with the current EMR, unless nursing totals the 4 and 8 hour totals by hand, but currently there is not a place to document this information for the physician. c. Nursing staff is not following facility policy in regards to documenting % eaten at meal and snack time for patients, as evidenced in the medical records #1 through #5, as stated in 2. above. d. Patients #4 and #5 had no nutrition order on admission, as expected for all patients, unless NPO, which these patients were not. Nursing should have followed up on this.	S 912		
S 932	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(4) (b) The nursing service shall have the following: (4) The nursing staff shall develop and utilize an ongoing individualized plan of care based on standards of care for each patient. This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and staff interview, nursing staff failed to implement the facility policy related to the initiation of a nursing care plan within 8 hours of admission for 1 of 5 patients (pt. #4). Findings: 1. Review of the policy "Documentation Standards: Inpatient", policy number NADM 1.30AP, with an approval and effective date of	S 932		

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S 932	<p>Continued From page 5</p> <p>October 2012, indicated:</p> <p>a. Under "B. Admission Standards", it reads on page 6., "...14. Plan of Care Regardless of documentation method, a plan of care must be initiated within 8 hours of admission...".</p> <p>2. Review of patient medical records indicated that pt. #4 was admitted on 7/13/14 at 8:12 PM, discharged on 7/16/14 at 5:52 PM, and lacked a nursing care plan in the medical record.</p> <p>3. At 2:35 PM on 10/16/14, interview with staff members #52, a specialist in regulatory compliance, and #54, a clinical informatics support staff member, indicated that the medical record for patient #4 was lacking a nursing care plan that should have been completed within 8 hours of admission, as per facility policy.</p>	S 932			